

AFFIDAVIT OF WORKERS COMPENSATION COVERAGE

N.C.G.S. 87-14

The undersigned applicant for Building Permit # _____ being the
 Contractor Owner Officer/Agent of the Contractor or Owner

Does hereby affirm under penalties of perjury that the person(s), or corporation(s)

Performing the work set forth in the permit:

- has/have three (3) or more employees and have obtained workers compensation insurance to cover them.
- has/have one or more subcontractor(s) and have obtained workers compensation insurance covering them.
- has/have one or more subcontractor(s), who has/have no employees and has waived in writing their right to coverage by their contractor or have their own policy of workers compensation covering themselves.
- has/have not more than two (2) employees and no subcontractors.

While working on the project for which this permit is sought. It is understood that the Inspection Dept issuing the permit may require certificates of coverage and/or waivers of workers compensation insurance coverage prior to issuance of the permit and at any time during the permitted work from any person, firm, or corporation carrying out the work.

I certify that the following person(s) personally appeared before this day, each acknowledging to me that he or she voluntarily signed the foregoing document for the purpose stated therein and in capacity indicated:

_____ _____
(signature of affiant) *(Date)*

Sworn to (or affirmed) and subscribed before me this the _____ day of _____, 20__.

(Official Seal)

Official Signature of Notary
_____, Notary Public
Notary's printed or typed name
My commission expires: _____